

## State of Louisiana Notary Division P.O. Box 94125

P.O. Box 94125 Baton Rouge, LA 70809 225-922-0507 **Jay Dardenne** Secretary of State

## Notary Instruction Provider R.S. 35:191.4

2010 Registration

(PLEASE TYPE OR PRINT)			
Provider Name			
Provider is: (check one)  ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation	ion □ State Chartered Educati	onal Institution	
Provider Mailing Address	City	State	Zip
Instruction Site Physical Address	City	State	Zip
Instruction Site Physical Address	City	State	Zip
(If more than 2 locations, list addresses on addit	ional page provided)	<u>-</u>	
Provider Representative:		Provide	r Email Address
Full Name Title	Address		Phone
Print names of instructors below. (If more tha	nn 3 instructors, list on addition	al page provided.)	)
1. 2.		3.	
Method of Instruction: (check all that apply)  ☐ Classroom Instruction ☐ Correspondence Instruction	truction   Electronic Instructio	on 🗆 Other	
<b>Performance Bond</b> R.S. 35:191.4(C) <u>\$25,000</u>	Performance Bond required to	be in favor of the	Secretary of State
Exempt from bonding: Providers that operate und University of Louisiana System, Board of Superv College, Board of Supervisors of Southern University and Technical Colleges.	risors of Louisiana State Univer	rsity and Agricultu	ral and Mechanical
Name of Surety	Amount (must be a	at least \$25,000)	Expiration Date
* Please provide an original performance	e bond along with your com	pleted provider r	egistration form. *
I certify under penalty of criminal prose	ecution that the information prov	vided herein is tru	e and complete.
(Date)		Signature of Pr	ovider)

## Notary Instruction Provider Registration (additional information)

If more than 2 locations, list additional addresses below:					
Instruction Site Physical Address	City	State	Zip		
Instruction Site Physical Address	City	State	Zip		
Instruction Site Physical Address	City	State	Zip		
If more than 3 instructors list addition	onal instructors below:				
4.	5.	6.			